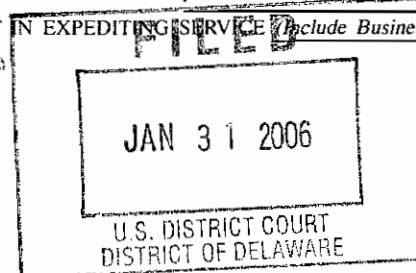


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF William F. DAVIS III		COURT CASE NUMBER 04-209-SLR	
DEFENDANT Corr-med Systems, First Corrmed Dept. of Corr		TYPE OF PROCESS Complaint	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Correctional Medical SVC			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 12647 Olive Blvd ST Louis, Mo 63141			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: William F DAVIS III Howard R. Young Corr. Facility 1301 E. 12th Street P.O. Box 9561 Wilm, Del 19809			
Number of process to be served with this Form - 285		1	
Number of parties to be served in this case		3	
Check for service on U.S.A.		<input checked="" type="checkbox"/>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold*Forma PAUPERIS*

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 15	District to Serve No. 44	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 1-13-06
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Tracy Bartoli Manager of Legal Sec.

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

1/24/06Time **1:40** **pm**

Signature of U.S. Marshal or Deputy

Service Fee \$90.00	Total Mileage Charges (including endeavors) \$16.33	Forwarding Fee \$8.00	Total Charges \$114.33	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *D/DE request personal service. Def. failed to return*

Waiver:

36 miles at .445¢ a mile = \$16.33

2 hours at 45.00 a hour = \$90.00

Forwarding Fee \$8.00